

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32411

File No. _____
Registered No. 239
St. _____ Ward _____

1. PLACE OF DEATH

County Cape Girardeau No. 125
Township _____ Primary Registration District No. 3009
City _____ (No. 129 names the place)

2. FULL NAME

(a) Residence, No. 1123 Spring St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 - 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co. Mo.

13. NAME J. M. Costner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co. Mo.

15. MAIDEN NAME Katherine Estes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballinger Co. Mo.

17. INFORMANT Mrs. J. M. Costner (ADDRESS) 1123 Spring St. Cape Gir.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Gir. Burial DATE 10-16-33

19. UNDERTAKER Brynchoff-Horner Sun. H. (ADDRESS) Cape Girardeau, Mo.

20. FILED 10/15/33 C. C. Kumpfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1933 to Oct 13, 1933. I last saw him alive on Oct 13, 1933. Death is said to have occurred on the date stated above, at 11:00 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Oct 13

Other contributory causes of importance:

Influenza Oct 13

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

(Specify _____)

(Signed) _____ M. D.

(Address) Capt. E. H. H. _____

